PTO/SB/01 (08-03)

Approved for use through 07/31/2006. OMB 0651-0032

2003-IP-010346U1

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Attorney Docket Number

DECLARATION FOR UTILIT	Y OR							
DESIGN	First Name	irst Named Inventor Larry J. Buchanan						
PATENT APPLICATION		COMPLETE IF KNOWN						
(37 CFR 1.63)	Application	Number						
Declaration Declaratio	Filing Date							
Submitted OR Submitted With Initial Filing (sur	l after Initial Art Unit charge	.						
Filing (37 CFR 1 required)	1.16 (e)) Examiner N	Examiner Name						
I hereby declare that: Each inventor's residence, mailing address, and citizen ship are as stated below next to their name.								
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
Method of Optimizing Production of Gas from Subterranean Formations								
(Title of the Invention) the specification of which								
is attached hereto			•					
OR .								
OK ,								
was filed on (MM/DD/YYYY) as United States Application Number or PCT International								
was filed on (MM/DD/YYYY)	as Uni	ted States Ap	plication Number or F	PCT International				
	as Uni and was amended on (MM/I		plication Number or F	CT International (if applicable).				
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[Page 1 of 2]
This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number:				OR Correspondence address below				pondence address below		
Name										
Halliburton Energy Services - ATTN	: Robert A. Kent						<u> </u>			
Address										
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Duncan			ок	ОК				73536-0440		
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USA		580-251-3	3125	580-251-3917			251-391	7		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.										
NAME OF SOLE OR FIRST IN	VENTOR:		Ар	etition	has be	een file	d for thi	is unsigr	ned inventor	
Given Name			-		Family Name					
(first and middle [if any]) Larry J.					or Surname Buchanan					
Inventor's									Date	
Signature										
Residence: City	State			Cour	Country Citiz			Citizer	enship	
Flower Mound	TX			USA	USA USA			USA		
Mailing Address				-				<u> </u>		
1905 Haversham Dri	.ve									
City	State			ZIP					Country	
Flower Mound	TX			75022		USA				
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name				Family Name						
(first and middle [if any]) S. Dana				ବ୍ୟକ୍ରିୟୁname						
Inventor's Signature									Date	
Residence: City	State			Cour	Country		Citizenship			
Carrollton	TX			US USA				USA		
Mailing Address 1016 Hunters Creek Drive										
City	State			ZIP Cou				Countr	intry	
Carrollton	ollton TX				75007 USA			İ		
Additional inventors or a legal rep	presentative are bei	ing named on	the 1 s	upplem	nental she	et(s) PT(O/SB/02A	or 02LR a	attached bereto.	

PTO/SB/02A (08-03)

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DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1						
		-			Tugo			
Name of Additional Joint Inventor, if any:	ame of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any)	Family Nar	ne or	Surname					
Don P.	Russe	11						
Inventor's Signature			Date					
Residence: City Plano	State	TX Country USA			Citizenship US			
Mailing Address 4701 Charles Place, Apt	. 15	12						
Mailing Address								
_{City} Plano	State	, TX		_{Zip} 75093	Country	USA		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor								
Given Name (first and middle (if any)	Family Name or Surname							
Inventor's Signature	Date							
Residence: City State				Country	Citizenship			
Mailing Address								
Mailing Address								
City State				Zip				
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor					
Given Name (first and middle (if any)	Family Name or Surname							
Inventor's Signature			Date					
Residence: City State			Country Citizenship					
Mailing Address								
Mailing Address								
City				Zip Country				

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If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.